

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2767
880

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1803 A. Franklin ave. | | | | d. STREET ADDRESS (If rural, give location) 1803 A. Franklin ave. | | | |
| 3. NAME OF DECEASED (Type or Print) Dave | | a. (First) | | b. (Middle) | | c. (Last) McKennley | |
| 4. DATE OF DEATH Jan. 26, 1950 | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | | 8. DATE OF BIRTH Jan. 30, 1931 | | 9. AGE (in years last birthday) 17 | |
| 5. SEX male | | 6. COLOR OR RACE Colored | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Marianna, Ark. | | 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Dave McKennley | | 13b. MOTHER'S MAIDEN NAME Minnie Lambert | |
| 14. NAME OF HUSBAND OR WIFE single | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Minnie McKennley | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MO 2X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 1-18-1950 , to 1-26-1950 , that I last saw the deceased alive on 1-26-1950 , and that death occurred at 4:49 m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. C. Shepard, M.D. | | | | 23b. ADDRESS 2702a Franklin | | 23c. DATE SIGNED 1-26-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) ship | | 24b. DATE Jan. 28, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Marianna, | | 24d. LOCATION (City, town, or county) (State) Ark. | |
| DATE REC'D BY LOCAL REG. JAN 27 1950 | | REGISTRAR'S SIGNATURE J. C. Shepard | | 25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son | | | |
| | | | | ADDRESS 2629-31 Cole Street | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *4575 Alden*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

. If this body is not embalmed, fact should be so stated above.